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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) BAF-16402/29						
<p style="margin: 0;">In re Application of Bret A. Ferree</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%;">Application Number 10/652,842-Conf. #2836</td> <td style="width: 50%;">Filed August 29, 2003</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">For CEMENTED ARTIFICIAL DISC REPLACEMENTS</td> </tr> <tr> <td style="width: 50%;">Art Unit 3738</td> <td style="width: 50%;">Examiner T. Sweet</td> </tr> </table>			Application Number 10/652,842-Conf. #2836	Filed August 29, 2003	For CEMENTED ARTIFICIAL DISC REPLACEMENTS		Art Unit 3738	Examiner T. Sweet
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<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 510.00</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 255.00</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>07-1180</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>WARNING: INFORMATION ON THIS FORM MAY BECOME PUBLIC. CREDIT CARD INFORMATION SHOULD NOT BE INCLUDED ON THIS FORM. PROVIDE CREDIT CARD INFORMATION AND AUTHORIZATION ON PTO-2038.</p> <p>I am the</p> <p><input type="checkbox"/> applicant /inventor. /John G. Posa/ Signature</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) John G. Posa Typed or printed name</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>37,424</u> (734) 913-9300</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Telephone number</p> <p style="text-align: right; margin-right: 100px;"><u>October 18, 2007</u> Date</p> <p>NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>								